

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HEARTHSIDE (110252)

Address: 2203 HANCOCK LANE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 08/04/1989

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0092444 **End Date:** 04/05/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007981 Served 05/06/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP		
83.07(2)(a)	PROGRAM STATEMENT CONTENT		
83.11(3)(a)	RESPONSIBILITIES		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.21(4)(w)	SAFE ENVIRONMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0090559 **End Date:** 06/12/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007801 Served 07/02/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	04/05/2004	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/05/2004	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	04/05/2004	Yes
83.19(3)(g)	CATASTROPHE RESULTING IN DAMAGE	04/05/2004	Yes
83.21(4)(r)	TREATMENT CHOICE	04/05/2004	Yes
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	04/05/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	04/05/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/05/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/03/2004 SOD #10007981 Appealed: Yes Decision: DISMISSED

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.06(1)(a)3

FORFEITURE---83.14(1)(d)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(c)

FORFEITURE---83.43(3)(b)1

Date: 06/30/2003 SOD #10007801 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)(c) (2nd cite)

FORFEITURE---83.14(3) (2nd cite)

FORFEITURE---83.19(3)(g)

FORFEITURE---83.21(1)(b)

FORFEITURE---83.21(4)(r)

FORFEITURE---83.32(2)(a) (2nd cite)

FORFEITURE---83.42(2)(a) (3rd cite)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.